

B1 (Official Form 1)(1/08)

**United States Bankruptcy Court  
Northern District of Illinois**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Bennett, James L.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																							
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-0211</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)																							
Street Address of Debtor (No. and Street, City, and State): <b>228 1/2 South Street Freeport, IL</b>		Street Address of Joint Debtor (No. and Street, City, and State):																							
		ZIP Code	ZIP Code																						
61032																									
County of Residence or of the Principal Place of Business: <b>Stephenson</b>		County of Residence or of the Principal Place of Business:																							
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																							
		ZIP Code	ZIP Code																						
Location of Principal Assets of Business Debtor (if different from street address above):																									
<b>Type of Debtor</b> (Form of Organization) (Check one box)		<b>Nature of Business</b> (Check one box)																							
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP)		<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other																							
<input type="checkbox"/> Partnership		<b>TAX-EXEMPT ENTITY</b> (Check box, if applicable)																							
<input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).																							
		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)																							
<input checked="" type="checkbox"/>		<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																							
		<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding																							
		<b>Nature of Debts</b> (Check one box)																							
<input checked="" type="checkbox"/>		<input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."																							
<input type="checkbox"/>		<input type="checkbox"/> Debts are primarily business debts.																							
<b>Filing Fee</b> (Check one box)		<b>Chapter 11 Debtors</b>																							
<input checked="" type="checkbox"/> Full Filing Fee attached		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).																							
<input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.		Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.																							
<input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																							
<b>Statistical/Administrative Information</b>																									
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																									
THIS SPACE IS FOR COURT USE ONLY																									
Estimated Number of Creditors <table> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
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Estimated Assets <table> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																
Estimated Liabilities <table> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> <td></td> </tr> </table>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
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B1 (Official Form 1)(1/08)

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Bennett, James L.</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X /s/ Mark E. Zaleski</b> Signature of Attorney for Debtor(s) <b>Mark E. Zaleski</b> <b>February 20, 2008</b> (Date)
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b>  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> (Name of landlord that obtained judgment)		
<hr/> (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

B1 (Official Form 1)(1/08)

**Voluntary Petition**

(This page must be completed and filed in every case)

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ James L. Bennett**Signature of Debtor **James L. Bennett****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**February 20, 2008**

Date

**Signature of Attorney\*****X /s/ Mark E. Zaleski**

Signature of Attorney for Debtor(s)

**Mark E. Zaleski**

Printed Name of Attorney for Debtor(s)

**Mark E. Zaleski**

Firm Name

**10 North Galena Avenue  
Suite 220  
Freeport, IL 61032**

Address

Email: [attyzaleski@cjrinc.com](mailto:attyzaleski@cjrinc.com)**815-233-0995 Fax: 815-232-3227**

Telephone Number

**February 20, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):  
**Bennett, James L.****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court  
Northern District of Illinois

In re James L. Bennett

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ James L. Bennett  
James L. Bennett

Date: February 20, 2008

Allied Business Accounts, Inc.  
300 1/2 South Second Street  
PO Box 1600  
Clinton, IA 52733-1600

Allied Interstate Inc.  
PO Box 369008  
Columbus, OH 43236-9008

AR Resources, Inc.  
PO Box 10336  
Jacksonville, FL 32247-0336

Asset Acceptance LLC  
PO Box 2036  
Warren, MI 48090-2036

Attorney Paul Godlewski  
1 Court Place  
Rockford, IL 61101

Bank One  
PO Box 94015  
Palatine, IL 60094-4015

Bank One  
PO Box 50882  
Henderson, NV 89016-0882

Bank One  
Card Member Services  
PO Box 15153  
Wilmington, DE 19886-5153

Bank One-Ohio  
201 N Walnut St  
Wilmington, DE 19801

BNA Financial Bureau  
PO Box 899  
Smyrna, TN 37167-0899

Capital One  
Bankruptcy Department  
PO Box 5155  
Norcross, GA 30091

Capital One  
Bankruptcy Department  
PO Box 85167  
Richmond, VA 23285-5167

Capital One Bank  
PO Box 85520  
Richmond, VA 23285

Capital One Bank  
PO Box 5294  
Carol Stream, IL 60197-5294

Certified Services Inc  
1733 Washington St Ste 2  
Waukegan, IL 60085

Certified Services Inc.  
PO Box 177  
Waukegan, IL 60079-0177

Clerk of the Circuit Court  
400 W. State Street  
Rockford, IL 61101

ComEd  
Bill Payment Center  
Chicago, IL 60668-0001

ComEd  
Customer Care Center  
PO Box 87522  
Chicago, IL 60680

Commonwealth Edison  
Reconciliation Department  
1919 Swift Drive  
Oak Brook, IL 60523-1502

Creditor Protection Association  
13355 Noel Rd.  
Dallas, TX 75240

Creditor Services  
PO Box 4  
300 1/2 South 2nd Street  
Clinton, IA 52733-0004

Crusaders Central Clinic Assoc.  
PO Box 5311  
Rockford, IL 61125-0311

Div. of Child Support Enforcement  
Data Gathering Unit  
PO Box 19152  
Springfield, IL 62794-9152

First Premier Bank  
601 S Minnesota Ave  
Sioux Falls, SD 57104

First Premier Bank  
PO Box 5147  
Sioux Falls, SD 57117-5147

Freeport Health Network  
Central Business Office  
PO Box 268  
Freeport, IL 61032

Freeport Health Network/Hospital  
Central Business Office  
PO Box 857  
Freeport, IL 61032-0857

Harris & Harris, LTD  
600 W. Jackson Blvd., Suite 400  
Chicago, IL 60661

Heights Finance Corporation  
PO Box 876  
Freeport, IL 61032-0876

HFS  
BFO IV-D Accounting  
PCA Project - PO Box 19410  
Springfield, IL 62794-9410

HSBC Bank  
Po Box 5253  
Carol Stream, IL 60197

HSBC Card Services  
PO Box 17051  
Baltimore, MD 21297-1051

HSBC Card Services  
PO Box 88000  
Baltimore, MD 21288-0001

HSBC Card Services  
PO Box 80084  
Salinas, CA 93912

HSBC Card Services  
PO Box 37281  
Baltimore, MD 21297-3281

HSBC Taxpayer Financial Services  
PO Box 17037  
Baltimore, MD 21297-1037

IL Child Support Enforcement  
509 S. 6th Street  
Springfield, IL 62701

Illinois Department of Healthcare  
509 S 6th St  
Springfield, IL 62701

Insight  
PO Box 740273  
Cincinnati, OH 45274-0273

Insight Communications  
115 North Galena Avenue  
Dixon, IL 61021-2117

JC Penney  
PO Box 984100  
El Paso, TX 79998

JC Penney  
PO Box 960001  
Orlando, FL 32896-0001

JC Penney  
PO Box 981131  
El Paso, TX 79998

JC Penney  
PO Box 960090  
Orlando, FL 32896-0090

Lake Shore Pathologists, S.C.  
520 E. 22nd Street  
Lombard, IL 60148

Malcolm S. Gerald & Assoc.  
332 South Michigan Ave. Suite 600  
Chicago, IL 60604

Midland Credit Management, Inc.  
PO Box 939019  
San Diego, CA 92193-9019

Midland Credit Management, Inc.  
Department 8870  
Los Angeles, CA 90084-8870

Midland Credit Management, Inc.  
8875 Aero Dr., Suite 200  
San Diego, CA 92123

New ERA Medical Services, LLC  
9410 Compubill Drive  
Orland Park, IL 60462

Nicor Gas  
PO Box 310  
Aurora, IL 60507-0310

Nicor Gas  
PO Box 163250  
Columbus, OH 43216

Nicor Gas  
PO Box 3042  
Naperville, IL 60566-7042

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

Orchard Bank  
Bankcard Services  
PO Box 17051  
Baltimore, MD 21297-1051

Professional Collection Service  
PO Box 76  
Freeport, IL 61032

Rockford Health Physicians  
Dept. CH 10862  
Palatine, IL 60055-0862

Rockford Health Physicians  
2300 N. Rockton Ave.  
Rockford, IL 61103

Rockford Health Physicians  
c/o PBO, Inc.  
6785 Weaver Rd., Suite D  
Rockford, IL 61114

Rockford Health Systems  
Rockford Memorial Hospital  
2400 North Rockton  
Rockford, IL 61103

Rockford Health Systems  
Rockford Memorial Hospital  
PO Box 14125  
Rockford, IL 61105-4125

Sojourn House, Inc.  
565 North Turner Avenue  
Freeport, IL 61032

Tate & Kirlin Associates  
2810 Southampton Rd.  
Philadelphia, PA 19154-1207

Thomas & Thomas Medical LTD  
1 S Greenleaf, Suite 1  
Gurnee, IL 60031-3370

Torres Credit Services, Inc.  
PO Box 189  
Carlisle, PA 17013-0189

Victory Memorial Hospital  
1324 N. Sheridan Rd.  
Waukegan, IL 60085

Victory Memorial Hospital  
PO Box 933  
Bedford Park, IL 60499-0933

Vista Imaging Assoc.  
PO Box 6980  
Libertyville, IL 60048-6980

Warren L. Lowry MD  
1340 Charles St., Suite 200  
Rockford, IL 61104